Secretary of State Office

ARTICLES OF DISSOLUTION

500 E Capitol Ave Pierre, SD 57501 (605)773-4845	Please Type or Please submit one Orig	ESS CORPORATION Print Clearly in Ink inal and one Photocopy yable to SECRETARY OF STATE	
			Telephone #
1. The name of the	e corporation is		
Note: This must	be the exact corporate name.		
2. The date dissol	ution was authorized		
	ders in the manner required by the		osal to dissolve was duly approved ation Act and by the corporation's
Application may be	e signed by any authorized officer o	of the corporation.	
Dated		(Signature of an authorized	officer)
have both to processed of	this form, you agree to he fee and the form electronically. A fee of vill be assessed for nyments.	(Printed Name) (Title)	

(Signature of an authorized officer)	
(Printed Name)	
(Title)	